CITY OF MOUNTAIN VIEW 2009 NEIGHBORHOOD GRANT PROGRAM APPLICATION FOR FUNDS

(Please Print or Type)

Naı	me of Neighborhood Association or E	ligible Group:			
Naı	me of Project:	Date:	Date: Date: (NOTE: Limited to no more than \$1,500 per group.)		
Am	ount of Funds Applying for: \$	(NOTE: Limited to no more than			
Pro	ject Leader:				
Ado	dress:				
Pho	one Number: ()	(Day) ()	(Evening)		
E-N	ſail:				
Nei	ghborhood Association President:				
Ado	dress:				
Pho	one Number: ()	(Day) ()	(Evening)		
E-N	fail:				
1.	Name: Address: Phone: ()	E OF OTHER PROJECT TEAM MEN			
2.	, -				
۷.					
	Phone: ()				
	E-Mail (Optional):				
3.	Name:				
	Address:				
	Phone: ()				
	E-Mail (Optional):				

Boundaries of Neighborhood Association, Neighborhood Group or address of Mobile Home Park: (Pleas identify the north, south, east and west boundaries.)		
	SECTION 2. NEIGHBORHOOD GRANT PROJECT	
	Please briefly describe your project.	
	How did you choose this project? Please describe the level of support for it.	
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3.	What specific issues and activities will you undertake as part of this project?	
4.	How many people will benefit from the project, and how did you arrive at this number?	
5.	Please identify the location of your project.	

6.	Describe the specific steps that you will take to carry out your proposed project, including a time frame for completion of each step.			
	MILESTONE STEPS/TIME LINE Completion Dates:			
	1.			
	2. 3.			
7.	How will your project involve all residents in the neighborhood or mobile home park?			
	SECTION 3. 1	PROJECT BUDGET		
	ase provide a project budget, including all costs vices, mailing costs, etc.	s needed to complete your project, including materials,		
	ITEM	COST		
GR	AND TOTAL	\$		